

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the
District of Nevada

Division

FILED	RECEIVED
ENTERED	SERVED ON
COUNSEL/PARTIES OF RECORD	
AUG 26 2019	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY: _____	DEPUTY _____

Sylvanius Bell

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Employment Security Division, State of Nevada,
Kimberly Gaa, Katie Johnson and Annette Lexius

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

2:19-cv-01492-RFB-NJKJury Trial: (check one) ☐ Yes ☒ No**COMPLAINT FOR A CIVIL CASE****I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Sylvanius Bell
Street Address	200 Foremaster Lane
City and County	Las Vegas and Clark
State and Zip Code	Nevada and 89101
Telephone Number	1-702-743-3633
E-mail Address	sbell1212@mail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Employment Security Division, State of Nevada
Job or Title <i>(if known)</i>	
Street Address	300 E. 3 rd Street
City and County	Carson City and Carson City
State and Zip Code	Nevada and 89713NRS
Telephone Number	1-702-486-0350
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	Kimberly Gaa
Job or Title <i>(if known)</i>	Administrator
Street Address	500 E. 3 rd Street
City and County	Carson City and Carson City
State and Zip Code	Nevada and 89713
Telephone Number	1-702-486-0350
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	Kathie Johnson
Job or Title <i>(if known)</i>	Chairwoman of Board of Review
Street Address	500 E. 3 rd Street
City and County	Carson City and Carson City
State and Zip Code	Nevada and 89713
Telephone Number	1-702-486-0350
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	Annette Lexius
Job or Title <i>(if known)</i>	Employer
Street Address	2231 E. Desert Inn
City and County	Las Vegas and Clark
State and Zip Code	Nevada and 89169
Telephone Number	1-702-733-0022
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

- ☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Civil Rights Act of 1964 and Employment Act of 1946

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* Sylvanius Bell, is a citizen of the State of *(name)* Nevada.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* Employment Security Division, is a citizen of the State of *(name)* Nevada. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under
 the laws of the State of (name) _____, and has its
 principal place of business in the State of (name) _____.
 Or is incorporated under the laws of (foreign nation) _____,
 and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

The amount of \$104 is the benefit promised to the claimant for 26 weeks, which comes to a total of \$2,704.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

The Employment Security Division denied my benefits because the appeal referee was fired from her duties at the same time of the scheduled interview. The appeal referee assigned a specific-time and she requested me to contact her. Her phone was never answered nor was anybody from ESD ever contacted me by mail or by phone. Nothing was left in my Record. So my benefits were denied by the Board of Review because they had no Record to make a decision.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I want to collect 10% daily interest based on the original amount since November 21, 2016. I was evicted from my apartment and suffered a loss of more than 50% income.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 08/22/2019

Signature of Plaintiff

Printed Name of Plaintiff

Sylvanus Bell

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address